



Wisconsin Department of Public Instruction

**CCDEB GENERAL AID CLAIM**

PI-1560 (Rev. 02/01/06)

**2005 - 2006**

Return by March 15, 2006 to:

**WI DEPARTMENT OF PUBLIC INSTRUCTION**

**SCHOOL FINANCIAL SERVICES**

**P.O. BOX 7841**

**MADISON, WI 53707-7841**

*Collection of this information is a requirement of s. 121.135, Wisconsin Stats.*

Name of County Children with Disabilities Education Board

Address

City			State	Zip
Line	Summary of Form PI-1561	Aggregate class periods of enrollment for summer school	Membership of pupils enrolled on	
			3rd Friday in September	2nd Friday in January
	1	2	3	4
1	TOTALS - PI-1561			
2	Summer ADM Equivalent (Line 1 / 1,080 rounded to nearest whole number)	0		
3	Total regular year membership on counting days (Line 1 Column 3 plus Column 4)		0	
4	Total regular year membership on counting days (Line 3 / 2, rounded to nearest whole number)		0	
5	Total aidable membership (Line 2 plus Line 4)		0	
6	Total Aid claimed (DPI Use Only-Leave Blank)			

**Certification of CCDEB Chairperson**

**I HEREBY CERTIFY** that this is an accurate report of the number of pupils eligible to be claimed for general state aid by this county.

Signature	Date
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